Mr Ronan McKeown
M.D. FRCSI(T&O). MFSEM.
Consultant Orthopaedic Surgeon

The Newry Clinic
Windsor Avenue
Newry
BT34 1EG

T: (028) 3025 7708
F: (028) 3026 6291
R.O.I. prefix (048)

www.shoulderandkneesurgeon.com
info@shoulderandkneesurgeon.com

Therapist Information and Guidelines

Rotator Cuff Repair
Accelerated Rehabilitation Program

Most repairs are now performed arthroscopically so there is less tissue trauma and reduced risk of adhesions. Post-op stiffness of the shoulder is rarely a problem, so the priority is to protect the repair from breaking down.

All rotator cuff repairs will be placed in an Abduction Brace.

The Accelerated Rehab Program is used in patients with good quality tendon and a robust repair. This is determined by the Mr McKeown intra-operatively.

The abduction cushion should sit laterally on the trunk and should be worn at all times by the patient (night and day).
Clothing should be applied over the brace for the 1st 3 weeks, some straps may be opened for hygiene requirements and certain exercises but the arm should not be removed from the sling.

After 3 weeks the patient can dress the affected arm. To do this the arm should be taken passively out from the sling by a carer and sleeve applied – the arm should be maintained in abducted position and returned to the sling afterwards.

Always be guided by the patient's pain. Do not force, stretch or stress the repair before 8 weeks.

Strengthening should not begin before 4 weeks.

Patients should not drive for 6-8 weeks.

Consideration should always be given to the individual patients' ability. The guidelines are based on maintaining range of movement in the 1st phase and then gradually building strength in the middle to last phase. Progression should be tailored to the individual patient but the times quoted should be the earliest for active movement and when strengthening (resisted exercises) begins.

Post Op
Day 1 – 2 Weeks:
Patients arm within the brace
Finger, wrist & RU joint exercises.
Elbow flexion / extension (within sling).
Shoulder girdle exercises.
Commence scapula setting.

2 Weeks:
Commence pendular exercises along plane of the abduction cushion i.e. abduction cushion to remain in situ throughout exercises.
Commence passive shoulder flexion (in neutral rotation) to 90°
These should be carried out with brace in situ and patients arm returned to the abducted position – not to neutral.

4 Weeks:
Wean out of brace.
Commence active assisted exercises in all directions.
Progress to active exercises and increase range as pain allows.
Commence gentle isometric rotator cuff strengthening exercises in neutral initially.
Commence anterior deltoid strengthening as ROM allows.
Progress to isotonic strengthening as able, gradually increasing resistance and range.
Commence proprioreceptive exercises.
Scapular setting and core stability.
Encourage functional movements at waist level.

Return to Functional Activities
These are approximate and will differ depending upon the individual. However, they should be seen as the earliest that these activities should commence.

Driving: 6-8 Weeks
(Patient must feel safe to drive).
Swimming: Breaststroke: Approx 8 Weeks.
Freestyle: 3 Months.
Golf: 3 Months.
Lifting: No heavy lifting for 3 months. After this be guided by the strength of the patient.
Return to work: Dependant upon the patient's occupation.
Sedentary job: 6 Weeks.
Manual workers: Should be guided by Mr McKeown at least 3 months.